

General Assembly

Raised Bill No. 1214

January Session, 2007

LCO No. 3864

03864 INS

Referred to Committee on Insurance and Real Estate

Introduced by: (INS)

AN ACT CONCERNING INDIVIDUAL HEALTH INSURANCE POLICIES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- Section 1. Section 38a-485 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):
- 3 (a) The insured shall not be bound by any statement made in an application for an individual health insurance policy unless a copy of 4 5 such application is attached to or endorsed on the policy when issued 6 as a part thereof. If any such policy delivered or issued for delivery to 7 any person in this state is reinstated or renewed, and the insured or the 8 beneficiary or assignee of such policy makes written request to the 9 insurer for a copy of the application, if any, for such reinstatement or 10 renewal, the insurer shall, within fifteen days after the receipt of such 11 request at its home office or any branch office of the insurer, deliver or 12 mail to the person making such request, a copy of such application. If 13 such copy is not so delivered or mailed, the insurer shall be precluded 14 from introducing such application as evidence in any action or 15 proceeding based upon or involving such policy or its reinstatement or 16 renewal.

- (b) No alteration of any written application for any such policy shall be made by any person other than the applicant without [his] the applicant's written consent, except that insertions may be made by the insurer, for administrative purposes only, in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant.
- (c) The falsity of any statement in the application for any policy covered by sections 38a-481 to 38a-488, inclusive, [may] shall not bar the right to recovery [thereunder] under such policy unless such false statement was made by an applicant who knew or reasonably should have known the statement was false and such statement materially affected either the acceptance of the risk or the hazard assumed by the insurer.
 - Sec. 2. (NEW) (Effective October 1, 2007) No individual short-term health insurance policy with a duration of six months or less issued or delivered in this state shall contain a preexisting conditions provision which excludes coverage based on medical treatment or services received more than twenty-four months prior to the effective date of the policy. Any preexisting conditions provision in such policy may only relate to conditions, whether physical or mental, for which medical advice, diagnosis, care or treatment was recommended or received during the twenty-four months immediately preceding the effective date of the policy, or conditions, whether physical or mental, which produced significant signs and symptoms such that an ordinarily prudent person would seek medical diagnosis or treatment during the twenty-four months immediately preceding the effective date of the policy.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2007	38a-485
Sec. 2	October 1, 2007	New section

Statement of Purpose:

To require that insurers demonstrate that an insured intended to materially misrepresent their health status on a health insurance policy application prior to denial of a claim or recision of the policy and to protect consumers who purchase short-term health insurance policies by limiting preexisting conditions provisions.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]